

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7	1					
8		1				
9		3				
10		3				
11	1					
12		1				
13		1				
14		3				
15		3				
16	1					
17		1				
18		3				
19		3				
20		3				
21		2				
22	1	1				
23	1					
24	1					
25	1					
26		3				
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50						
TOTAL IND.	6	↓	6	↓	↓	
TOTAL DEP.	44	←	←	←		
TOTAL CLAIMS	50		50			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY